U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	]
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DEAD THE INSTRUCTIONS CARECULLY DEFORE BREDADING THIS REPORT

E NG15M5 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREFARING THIS REPORT.				
1. File Number U - 7250	2. Fiscal Year Covered From:				
/	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name ERIC L HENRY	Name Teamsters Local 952				
	Labor Organization File Number 034-503				
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 140 South Marks Way	Street 140 South Marks Way				
City Orange	City Orange				
State California ZIP Code + 4 92868-2698	State California ZIP Code + 4 92868-2698				
5. Position in labor organization.  BUSINESS REPRESENTATIVE					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
(except as specified in the exclu	isions set forth in the instructions):				
(except as specified in the exclusion of	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	usions set forth in the instructions):  derived income or other economic benefit of				
(except as specified in the exclusion of	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the				

Date

Telephone Number

Name of Person Filing		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name DMC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 757  Street 6601 Koll Center Parkway, Suite 240  City Pleasanton  State California ZIP Code + 4 94566	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Labor Alliance Managed Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  P.O. Box 757	11.a. Nature of such dealing.  administrator of health welafre benefits for labor organization's employees and for employees the labor organization represents				
City Pleasanton  State California ZIP Code + 4 94566	11.b. Approximate dollar value of such dealing. \$4,000,000  12.a. Nature of interest held or income received.  Christmas: Party				
	12.b. Amount.		\$100		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City					
State ZIP Code ÷ 4		·			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				